

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10811378

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6	1					
7						
8						
9						
10	1					
11						
12						
13						
14						
15						
16						
17	1					
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20	1					
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26	1					
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30	1					
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49						
50						
TOTAL IND.	7					
TOTAL DEP.	21					
TOTAL CLAIMS	28					

	IND	DEP	IND	DEP	IND	DEP
51						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						